

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. **9140**  
2623  
Registrar's No.

Registration District No. **791**

Primary Registration District No.

1. PLACE OF DEATH

(a) County **1446n 21st, St.**  
(b) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether)  
In this community years, months or days

3. (a) PRINT FULL NAME **Easter Gray Alexandria**

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex **Female** 5. Color or race **Col.** 6. (a) Single, widowed, married, divorced **widow**  
6. (b) Name of husband or wife **Eddie Alexander** 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased **Sept, 13, 1876**  
(Month) (Day) (Year)

8. AGE: Years **63** Months **6** Days **3** If less than one day hr. min.

9. Birthplace **Macon, Miss** (City, town, or county) (State or foreign country)

10. Usual occupation **housekeeper**

11. Industry or business

12. Name **unknown** 13. Birthplace **Unknown** (City, town, or county) (State or foreign country)  
14. Maiden name **unknown** 15. Birthplace **unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Easter Cohens** (b) Address **1446n 21st St.**

17. (a) (b) Date thereof **Mar, 22 1940** (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cem.**

18. (a) Signature of funeral director **Dement & Son**

(b) Address **2631 Wash St.**

19. (a) **MAR 20 1940** (Date received by Registrar) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County  
(c) City or town **St Louis** (If outside city or town limits, write "RURAL")  
(d) Street No. **1446n 21st St.** (If rural, give location)  
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3/16/40** day **16** year **1940** hour **3:35 A** minute **40**

21. I hereby certify that I attended the deceased from **March 15** to **March 15**, 19**40**  
that I last saw him alive on **March 15** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic**  
**6 inoperable**  
**Rheumatoid**  
**6 inoperable**

Due to **Chronic**  
**7 inoperable**

Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations:

Of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (e) Means of injury

23. Signature **J. J. Dement** (M. D. or other) Address **2631 Wash St.** Date **3/20/40**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No.         ,  
working under my personal supervision.

Signed

Lamine Boykin  
2946  
Licensed Embalmer No.         

P. O. Address St. Louis mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.